



Department of Veterans Affairs

(For use of VA Index)

**APPLICATION FOR CHANGE OF PERMANENT PLAN
(MEDICAL)****(CHANGE TO A POLICY WITH A LOWER RESERVE VALUE)**

PRIVACY ACT INFORMATION: No insurance may be changed unless a completed application form has been received (38 CFR 8.36 and 6.48). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA System of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 1/2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0179), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

INSTRUCTIONS

This form is used to change a permanent plan of Insurance to another permanent plan with a lower reserve value.

The difference between the reserve of the two plans may be applied to a policy loan, applied to a policy loan, applied to future premiums, or refunded to you in cash

REQUIREMENT: You must be in good health to change to a plan with a lower reserve value. Please complete all the health questions on the back of this form.

The beneficiary and/or optional settlement under the new policy will remain the same as under the old policy. If a change is desired, submit VA Form 29-336.

It is not possible to change from a permanent plan to Term Insurance. Call our toll-free number for information on the available plans.

Complete and return this form to the VA center that maintains your insurance records.

Department of Veterans Affairs
Regional Office and Insurance Center (COP)
P. O. Box 7208
Philadelphia, PA 19101

Department of Veterans Affairs
Regional Office and Insurance Center
Federal Building, Fort Snelling
St. Paul, MN 55111

1. FIRST NAME - MIDDLE NAME - LAST NAME OF INSURED

2. INSURANCE FILE NUMBER (Include letter prefix)

3. MAILING ADDRESS

4. SOCIAL SECURITY NUMBER

5. VA FILE NUMBER (If any)

6. DAYTIME TELEPHONE NUMBER

7. POLICY NUMBER

8. AMOUNT OF INSURANCE
APPLIED FOR

\$

9. PLAN OF INSURANCE
APPLIED FOR10. DO YOU WISH TO CONTINUE AND ADD THE
TOTAL DISABILITY INCOME PROVISION☐ YES ☐ NO

11. DISPOSITION OF RESERVE CREDIT

☐ PAY FUTURE PREMIUMS☐ APPLY TO INDEBTEDNESS☐ PAY IN CASH

12. METHOD OF PREMIUM PAYMENT

☐ DIRECT PAYMENT TO VA (Complete Item 13)☐ MONTHLY ALLOTMENT FROM SERVICE PAY☐ MONTHLY DEDUCTION FROM VA BENEFIT CHECK☐ MONTHLY DEDUCTION FROM YOUR CHECKING ACCOUNT

13. MODE OF PREMIUM PAYMENT

☐ MONTHLY☐ QUARTERLY☐ SEMI-ANNUALLY☐ ANNUALLY**IF YOU HAVE ANY QUESTIONS ABOUT YOUR INSURANCE CALL TOLL FREE 1-800-669-8477**